

APPLICATION FOR FR. CLARE MURPHY SCHOLARSHIP

School year: \_\_\_\_\_  
August \_\_\_\_\_  
January \_\_\_\_\_  
OFFICE USE ONLY

NAME OF PARENTS/GUARDIANS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. Are parents/guardians registered members of Cabrini?

YES envelope number \_\_\_\_\_ NO

2. How many dependent children in family? \_\_\_\_\_

3. How many children will be enrolled in Cabrini for the next school year?

Grade School \_\_\_\_\_ High School \_\_\_\_\_

4. How many children enrolled in other schools? \_\_\_\_\_

What amount for tuition do you pay after scholarships and grants? \_\_\_\_\_

5. List who is the principal wage earner, where they are employed at and their occupation.

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

6. What is the annual earning for the following?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Others \_\_\_\_\_

7. Please list any additional income by type and amount. (Interest, dividends, rent, retirement, ect.)

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

8. Are you willing to provide necessary statements regarding income and proof of necessity? \_\_\_\_\_

9. How much, if any, does the student contribute toward their tuition or any school expenses by working, baby-sitting, odd jobs, ect. Please list grade, source and amount.

Student grade \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

10. Please give any additional information that will assist the Committee to determine that payment of tuition would cause undue financial strain on the family, medical needs, adult dependents, physical status of parents/guardians, ect. (Use back of the form if additional space is needed).

Please place your completed application in a sealed envelope marked ATTN: Fr. Murphy Scholarship Fund Committee and return to the rectory either by mail or in the Sunday collection. If you have any questions regarding this application contact me at (313) 381-5601.

Thank You, Joy Mousseau, parish bookkeeper

Nov. 2005/jm